Listing of Claims:

1. (Original) A method for differentiating a cancer risk status of milk ducts in a breast comprising:

aspirating the nipple, and

locating at least one ductal orifice that yields fluid upon aspiration; wherein a duct that yields fluid upon aspiration is at higher risk for cancer.

2. (Original) A method as in claim 1, further comprising accessing the ductal orifice that yields fluid.

3. (Original) A method as in claim 2, further comprising retrieving ductal contents from the accessed duct.

4. (Original) A method as in claim 1, wherein more than one duct yields fluid upon aspiration of the nipple.

5. (Original) A method as in claim 4, wherein each duct that yields fluid upon aspiration is accessed.

6. (Original) A method as in claim 5, further comprising retrieving ductal contents from an accessed duct.

7. (Original) A method as in claim 1, further comprising recording the location of the ductal orifice once identified by yield of fluid at the orifice.

8. (Original) A method as in claim 7, wherein recording comprises one or more of transcribing the relative location of the ductal orifice on a paper grid, taking a photograph, recording in real time on a digital screen the fluid yielding event and/or location of the ductal

orifice that yielded fluid, and making a negative imprint on the nipple surface to identify the regions of the nipple that did not yield fluid.

9. (Original) A method as in claim 1, further comprising marking the ductal orifice upon yield of fluid at the orifice.

10. (Original) A method as in claim 9, wherein marking comprises making an identifiable mark with a pen or other labeling device to identify the spot comprising the ductal orifice at a later time.

11. (Original) A method as in claim 9, wherein marking comprises placing an element into the duct selected from the group consisting of a plug, tube, wire, thread, and suture.

12. (Original) A method as in claim 10, wherein the mark resides on the nipple surface in a range of time from a few hours to a few years.

13. (Original) A method as in claim 1, further comprising contacting a ductal orifice that yields fluid with a dilator in order to accomplish one or more of discerning the precise location of the orifice, discerning the orientation of the orifice, or enlarging the proximal area of the duct so as to facilitate subsequent cannulation of the duct.

14. (Original) A method for differentiating a cancer risk status of milk ducts in a breast comprising:

aspirating the nipple, and

locating at least one ductal orifice that yields fluid upon aspiration; wherein a duct that yeilds fluid upon aspiration is at higher risk for cancer; and

collecting a bead of fluid at the nipple surface generated from aspiration and emerging from the fluid yielding duct and not mixed with fluid generated from any other duct on the nipple surface.

15. (Original) A method as in claim 14, further comprising analyzing the collected fluid of the duct yielding fluid separately from the fluid of any other duct yielding fluid.

16. (Original) A method as in claim 14, further comprising recording the location of the ductal orifice on the nipple surface once identified by yield of fluid.

17. (Original) A method as in claim 16, wherein recording comprises one or more of transcribing the relative location of the ductal orifice on a paper grid, taking a photograph, recording in real time on a digital screen the fluid yielding event and/or location of the ductal orifice that yielded fluid, and making a negative imprint on the nipple surface to identify the regions of the nipple that did not yield fluid.

18. (Original) A method as in claim 14, further comprising marking the ductal orifice upon yield of fluid at the orifice.

19. (Original) A method as in claim 18, wherein marking comprises making an identifiable mark with a pen or other labeling device to identify the spot comprising the ductal orifice at a later time.

20. (Original) A method as in claim 18, wherein marking comprises placing an element into the duct selected from the group consisting of a plug, tube, wire, thread, and suture.

21. (Original) A method as in claim 19, wherein the mark resides on the nipple surface in a range of time from a few hours to a few years.

22. (Original) A method as in claim 14, further comprising contacting a ductal orifice that yields fluid with a dilator in order to accomplish one or more of discerning the precise location of the orifice, discerning the orientation of the orifice, or enlarging the proximal area of the duct so as to facilitate subsequent cannulation of the duct.

Claims 23-30. Cancelled.

Claim 31. (Original) A method of maximizing the likelihood of ductal fluid migrating to the nipple surface upon nipple aspiration comprising:

stimulating the breast and/or nipple surface prior to or during nipple aspiration.

Claim 32. (Original) A method as in claim 31, wherein stimulating comprises placing a wearable device in contact with the nipple surface.